

Commonwealth of Virginia
Department of Professional and Occupational Regulation
Post Office Box 11066
Richmond, Virginia 23230-1066
(804) 367-8526
www.dpor.virginia.gov



Real Estate Board
FIRM NAME/ADDRESS CHANGE FORM
No Fee Required

Information Required

- Attach a copy of your amended Certificate of Authority issued by the State Corporation Commission. If you are a sole proprietor, you can submit the Change of Firm Name papers filed with the Clerk of the Court in your jurisdiction.
- **YOU MUST ATTACH ALL LICENSES AFFILIATED WITH THE FIRM BEFORE THE NEW FIRM NAME AND/OR ADDRESS CHANGE IS PROCESSED.**

1. Firm Name _____
2. Trade (or Fictitious) Name _____
3. Federal Employer Identification Number

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4. Street Address (PO Box not accepted) _____
City, State, Zip Code _____
5. Telephone & Facsimile Numbers

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Telephone	

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Facsimile	
6. Firm's (10-digit) Virginia Real Estate License Number _____
7. Firm's Principal Broker _____

FirstMiddleLastGeneration
(SR, JR, III)
8. Principal Broker's (10-digit) Virginia Real Estate License Number _____
9. Are you applying to change the firm's **name**?
Yes ☐
No ☐ If no, skip to #12.
10. New Firm Name _____
11. New Trade (or Fictitious) Name _____
12. Are you applying to change the firm's **address**?
Yes ☐
No ☐ If no, skip to #16.
13. New Street Address (no PO Box) _____
City, State, Zip Code _____
14. New Mailing Address _____
City, State, Zip Code _____
15. New Telephone & Facsimile Numbers

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Telephone	

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Facsimile	
16. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the firm's or my license status.

Principal Broker's Signature _____ Date _____

APPLICATIONS AND SIGNATURES MUST BE ORIGINAL. FAXES AND COPIES WILL NOT BE ACCEPTED.